

1983 FORM

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 USC § 1983**

John Boyd Morrow
1804 Opportunity Ave
Chambersburg, PA.
17201

In the United States District
Court for the Middle
District of Pennsylvania

(Enter above the full name of the plaintiff or
plaintiff's in this action)

vs.
Crystal Kennedy
1804 Opportunity Ave. Chbg. PA. 17201
of FCI, and employ of
Prime Care Medical, Inc.

**FILED
SCRANTON**

JUL 24 2017

PER 15
DEPUTY CLERK

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes No X

B. If your answer to A. is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: John Boyd Morrow

Defendants: Nurse C. Kennedy

2. Court (if Federal Court, name the district; if state court, name the county).

Franklin County

3. Docket Number _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending?)

dismissed like it was a joke.

6. Approximate date of filing lawsuit: 4-11-17

7. Approximate date of disposition: 4-11-17 not sure but should be record
of it B/c I got a ticket for it.

- II. Place of Present Confinement: B-Block 24hr. lock down.

A. Is there a prisoner grievance procedure in this institution? Yes X: No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure: Yes X No _____

C. If your answer is YES:

1. What steps did you take? Did the grievance from
to the End, with no problem being solved

2. What was the result? NONE, spoke with prison
Captain, for ~~nothing~~ nothing, because I still/didn't
get my P.n.e.A. call

D. If your answer is NO, explain why not: _____

II. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff John Boyd Morrow
Address 1804 Opportunity Ave. Chbg. PA. 17201

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants).

B. Defendant Crystal Kennedy
employed as Nurse at F.C.Tail. Company,
Prime Care Medical. Inc.

C. Additional Defendants: Officer Rinchart, Guard at
██████████ F.C.T. 1804 opportunity Ave. Chbg. PA. 17201

III. Statement of Claim:

State here as briefly as possible the facts of the case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

I John Boyd Morrow "inmate" on B-Block. W.R. Had got up for Medication Call. Well they where not even on the Block when Meds. where called So I inmate Morrow went back to my Bunk and sat down. I was tired bc. I had just got done working a 20 hr. shift at work. So I fell asleep while sitting on my bunk. Well then they call medication again, and I inmate Morrow was still asleep on my bunk and had to be awoken by the guard doing meds. Well I got up And was walking up to the medical Cart when Nurse Kennedy stated that she was writing me, inmate Morrow up for disrupting the Med

line, and going to be giving me a 24 hr. bunk confinement. And then she say's oh Morrow popped my cherry. At which time I was appalled and shocked and did not know the meaning of what Nurse Kennedy had meant. I was under the impression that me & Nurse Kennedy had, had a sexual encounter As was the other inmate's on the Block. Since B-Block is open dorm. And Nurse Kennedy kept saying this. Coh Morrow popped my Cherry. This is a very serious matter. I could have been charged with having a sexual relation with a staff member. Just from a statement, And she could've lost her job and I could have been charged with sex crime and placed on Megan's Law as a Sex Offender.

IV RELIEF State briefly exactly what you want the court to do for you.
Make no legal arguments. Cite no cases or statutes.

I feel that Nurse Kennedy should be reprimanded for this false sexual statement and that I should be compensated for my trouble and worry's. If the wrong person with authority would have heard her say this NOT only I would have been in very serious trouble but Nurse Kennedy as well. This was very unprofessional of her and could have got me into very very serious trouble with the Jail and the State Police. I would ask that I be paid \$5,000⁰⁰ dollars for my troubles and worries and that it be placed on my escrow account here at F.C.T. and that Nurse Kennedy be give sometime off for making the statement she made. So she can realize just how serious this matter really was & the trouble it could have caused people & the life's she could have ruined by possibly having someone placed on Megans law list.

Franklin County Jail**Misconduct Report**

**Inmate
Evidence**



Name: Morrow Jr. John Boyd
 Last First Middle

Report Number: _____

Housing Location: E-14-B FCJ # 17-00672

Misconduct Charge(s):

Location of Misconduct: E-14-B

1-2 2-6 2-11

Date: 4.8.17

Time: 1325

OTHER STAFF OR INMATES INVOLVED

Officer Rinehart

STAFF MEMBER'S VERSION

On above date and approximate time this nurse asked inmate Morrow if he wanted his medications. His response was "No, but I'll take a fucking blow job." Inmate Morrow refused his meds at this time. End of report

Action Taken and Reason (completed by Shift Supervisor):

Informal Resolution
 Pre-Hearing Segregation Nurse - P Incident
 Other _____

Action Reviewed and approved by Shift Supervisor

It gln

(signature)

Date: 4-8-17

Time: 1511

Nurse Kennedy
 Reporting Officer's Signature

Date and Time Inmate Given Misconduct Copy

Date: 4/8/17 Time: 1512

Johns Johns
 (Signature of Officer serving Misconduct)

Attachments: _____

Inmate
Evidence

Franklin County Jail

Inmate Grievance Form

For Official Use Only

17-00296

Grievance Number

Rec 4/11/17 JML

Inmate Name: Marrow, John Boyd	Date: 4-10-17
Signature: John	Housing Location (Unit & Cell): BKG 8 EPL

Grievance Issues: (Check all that Apply)

- Alleged violation of civil or constitutional rights
- Alleged violation of jail policy
- Alleged criminal or prohibited act by a staff member
- Alleged condition existing within the facility that creates unsafe or unsanitary conditions
- Dispute about the assessment of a specific fee or service charge

Instructions:

1. No grievance shall be considered that deals with the amount of your bond, matters concerning your court case, probation and parole decisions, disciplinary hearings and classification hearings. No grievance will be entertained from a group or representative of any group. All grievances will be on an individual basis.
2. Grievances must be filed within five (5) days after a potential grievable event has occurred.
3. State grievance completely and thoroughly. Grievance Form will be returned to you if it is not completed properly.
4. Grievances containing obscene language, threats or vulgar remarks will not be accepted. Inmates may be subject to disciplinary action for remarks made within the grievance and no immunity will be afforded to any inmate from civil or criminal liability for any of their acts or statements.

Statement of Grievance: Additional paper may be used, maximum of two pages. (One Inmate Grievance Form and one one-sided 8½ X11" page)

I would like to prea. Officer nurse
Kennedy for stating that she was the
first one to get my cherry. I would also
like a separation from her. She is also unprofessional
and curses while doing her job and is unlady like
and ⁱⁿ carries drinks on her cart (soda)

List actions taken and staff you have contacted, before submitting this grievance.

None taken

Franklin County Jail

Inmate Grievance Form

For Official Use Only

17-00296

Grievance Number

Inmate Name:

Morrow, John Boyd

Date: 4-10-17

Signature:

John

Housing Location (Unit & Cell):

BKG 8

Grievance Issues: (Check all that Apply)

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I would like to prea. ⁱⁿ office nurse Kennedy for stating That She was the first one to get my cherry. I would also like a separation from her. She is also unprofessional and curses while doing her job and is unlady like and ⁱⁿ carry's carries drinks on her cart (soda)

What the hell

List actions taken and staff you have contacted, before submitting this grievance.

None taken

Dear Clerk,

7-20-2017

Hello, and how are you today? good I hope. Well, first of all I seem to be having a few problems that I was really hoping that you maybe able to help me out with.

It's been quite sometime since I filed a lawsuite of any, and really really hope that you maybe able to help me out with a few problems that I am having in filing this suite and others.

Well Sir or Ma'am, If you could please tell me or send me the nessary form or form's that I need to obtain the Jail admissraition and Jail staff. "NAMES and Poissons" such as the Nursing staff, which is Prime Care ~~&~~ Medical Inc. and the Food provider, and empolies name's and poisons, which I have no ideal what it is. but despetley need it for a up coming law suite of Food Poisoning. Thier was a 150 or more of us sick from it!

So dear Clerk, if you could possiblley scnd me the correct forms that I need for this process I would be so thankful to you for that.

Thank you so much for your time and your concern.

sign /John Bayd Morrow
x John Bayd Morrow

Name John Morrow
Franklin County Jail
1804 Opportunity Avenue
Chambersburg, PA 17201

CHAMBERSBURG PA 172
21 JUL 2017 PM 3 L

RECEIVED

JUL 24 2017
ATTN: Clerk of Courts

U.S. District Court
235 N. Washington St.
PO Box 1148

Scranton, PA 18501-1148

18501-1148

AV-X SWN

USA

